

Medical Management

POC Training

Muriel Metcalf, RN, MN, CCM

May 5-7, 2009

TRICARE

Case Management Definition

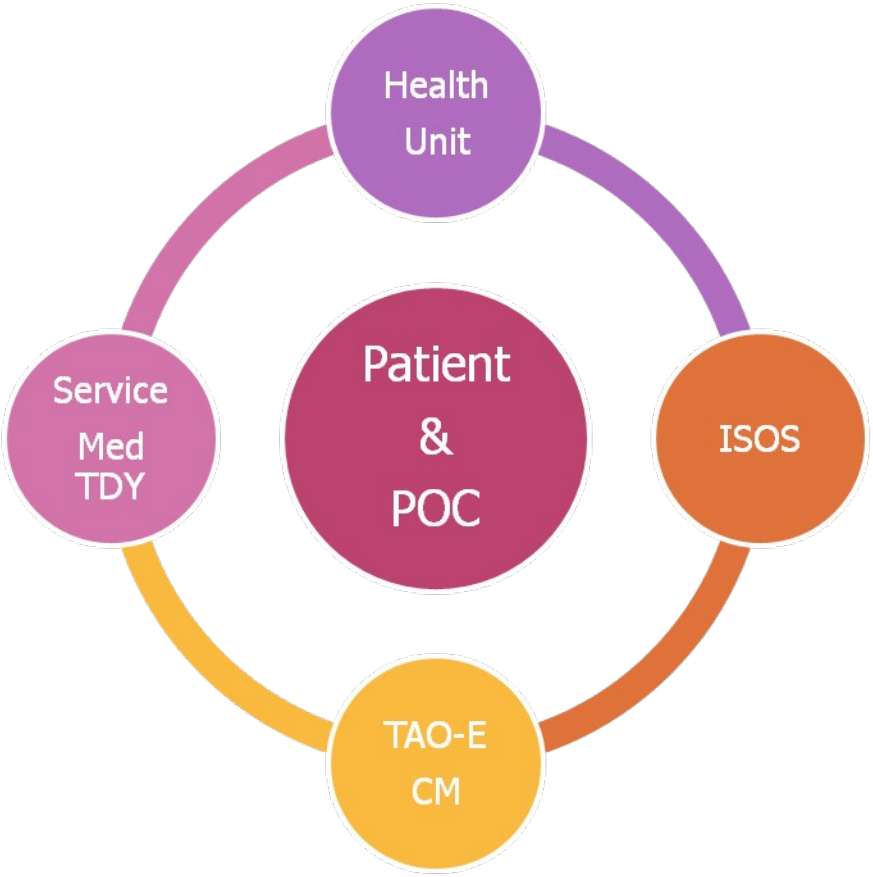
"Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health needs, using communication and available resources to promote quality, cost-effective outcomes"

Commission for Case Management





Key Players



TAO-Europe

- Medical Component
  - Executive Director and Medical Director - Physician
    - Dual  since 2007
    - New Medical Director this summer
  - Regional Nurse Case Manager
    - 2 slots



Regional Case Manager "Job Description"

- Benefit review
- Pre-authorization
  - Some surgery
  - Behavioral health admissions
  - Adjunctive Dental/General Anesthesia for dental work
- Complex case – case management
- Consultant to International SOS



International SOS

- International SOS – contracted for TGRO and TGRO-Outreach
  - AD must enroll in TGRO Prime
  - FM may enroll in TGRO Prime or choose Standard
- Seamless process
  - PCM for patients
  - Coordinate appointments
  - Guarantee of payment
  - Quality review – providers/facilities
  - TRICARE benefits the same

Health Unit

- Primary/Routine care
- Preventive care
- Specialty referrals
  - Must go to International SOS for coordination

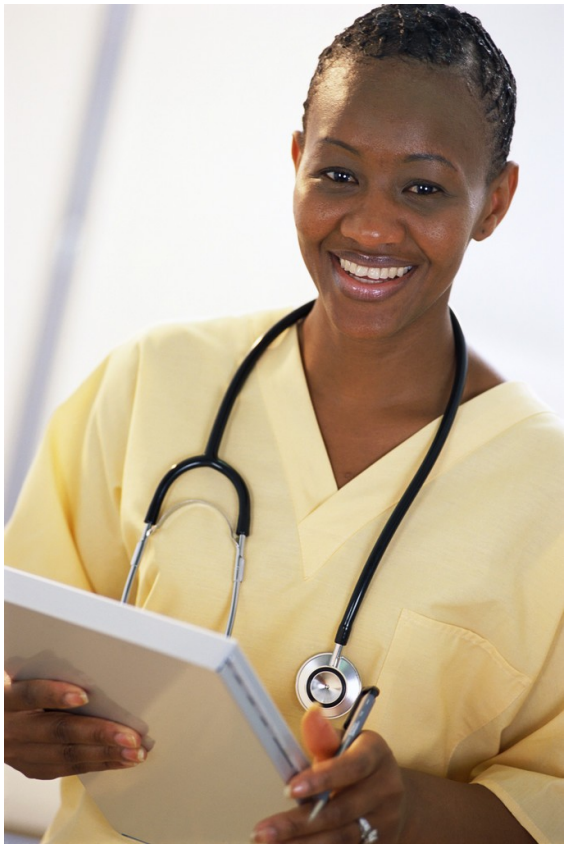
Services

- Responsible for medical TDY
- Approval for where patient can be moved

TGRO POC

- Valuable team player
  - Local voice for the patient
- Non medical personnel
- Not primary job assignment – additional duties
  - Enroll or disenroll beneficiaries
  - Assist with claims
- Liaison for patient, health unit, International SOS, MTF, TPMRC

Medical Assessment



Type of Cases

- Routine
- Urgent
- Emergent



Types of Cases

Routine

Also known as primary care, routine care includes general office visits for the treatment of symptoms, chronic or acute illnesses and diseases and follow-up care for an ongoing medical condition.

Routine care also includes preventive care measures t eep you healthy.



Types of Cases

Urgent

Services are medically necessary services which are required for illness or injury that would not result in further disability or death if not treated immediately, but require professional attention and have the potential to develop such a threat if treatment is delayed longer than 24 hours.

Types of Cases

Emergent

Medical services provided for a sudden or unexpected medical or psychiatric condition, or the sudden worsening of a chronic (ongoing) condition that is threatening to life, limb or sight and needs immediate medical treatment, or which has painful symptoms that need immediate relief to stop suffering.

TPMRC Movement Criteria

PRECEDENCE

- URGENT: A patient who requires movement ***as soon as possible*** to save life, limb, or eyesight **(Emergent)**
- PRIORITY: A patient who requires movement ***within 24 hours*** to save life, limb, or eyesight **(Urgent)**
- **ROUTINE**: A patient who requires movement but can wait for a ***regularly scheduled mission*** **(Routine)**

Medical Options

- Health Unit
  - Routine Care
- International SOS
  - Routine appointments
  - Specialty appointments (ALL)
  - Emergency care
- Military Medical Facility

PLANS



Initial Assessment & Routine Care

- Health Unit if at Embassy
  - Colds, sore throat, chronic stable conditions, etc.
- International SOS
  - Network providers
  - TGRO – Outreach – non-network providers

Specialty Care

- Health Unit referral – must contact International SOS for coordination
- International SOS Network
  - Local capability varies – some specialties scarce
  - Move patient if needed

Appropriate Care

- Will always seek care locally-- if care available and appropriate.
  - Network providers in TGRO used first
    - Follow-up
    - Continuity of care
- Appropriate specialist available – Yes or NO
- Complications
- COME vs. MTF

Patient Issues

- Gung-ho-”soldier”
  - Wants to stay local
  - No time for appointments
  - Work around personal/work calendar
  - Multiple canceled appointments

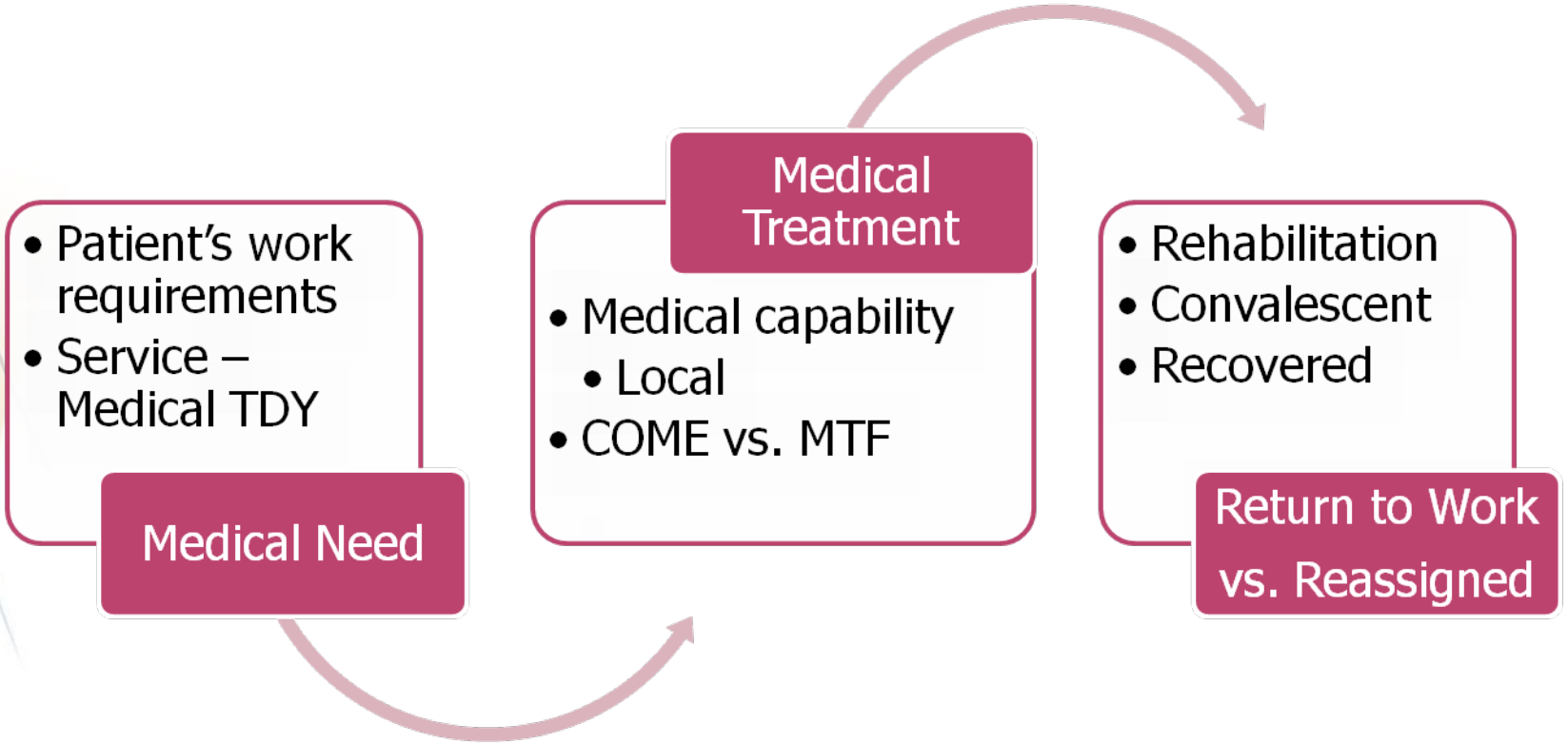
“Worried warrior”

- Don’t trust local professionals – want only MTF
- Want to take family with them
- Want to escort FM to appointments

Service Issues

- Travel
- Fit for Duty?
- Convalescences vs. rehabilitation
- Replacement?

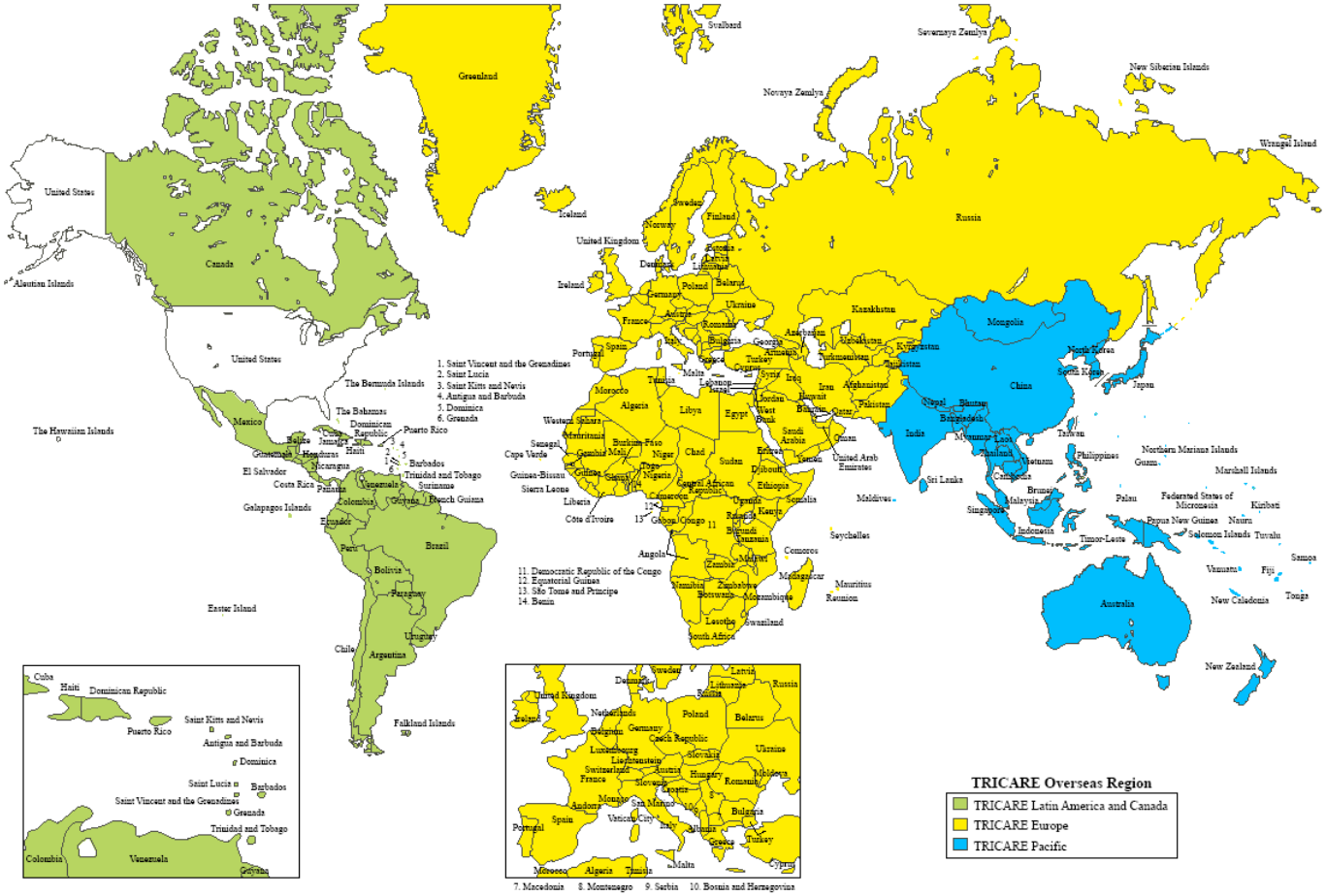
Decision Process



Resources/Implementation

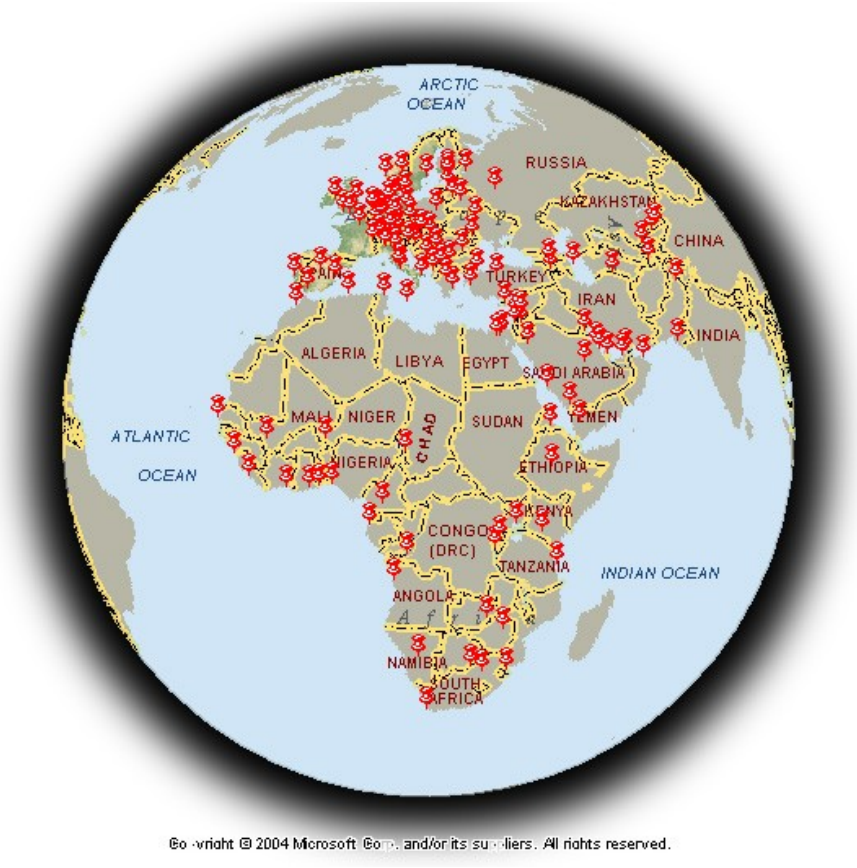


TRICARE Europe AOR



TRICARE

TGRO Sites



TRICARE

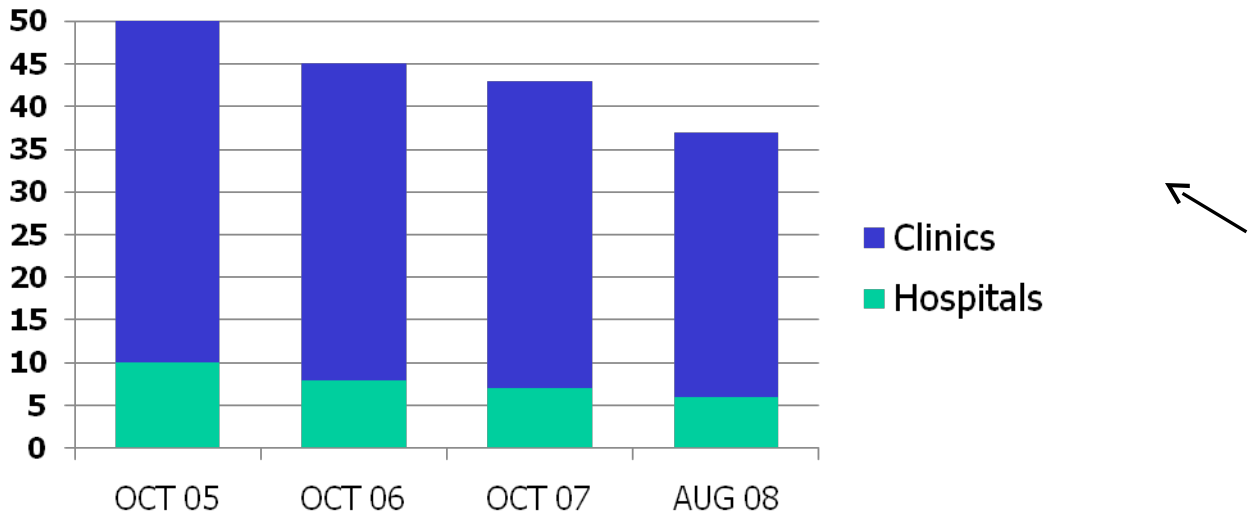
Medical Facilities in the AOR

2005

- 50 medical treatment facilities- 29 A, 11 N, 10 AF
  - 10 Hospitals-3 A, 4 N, 3 AF

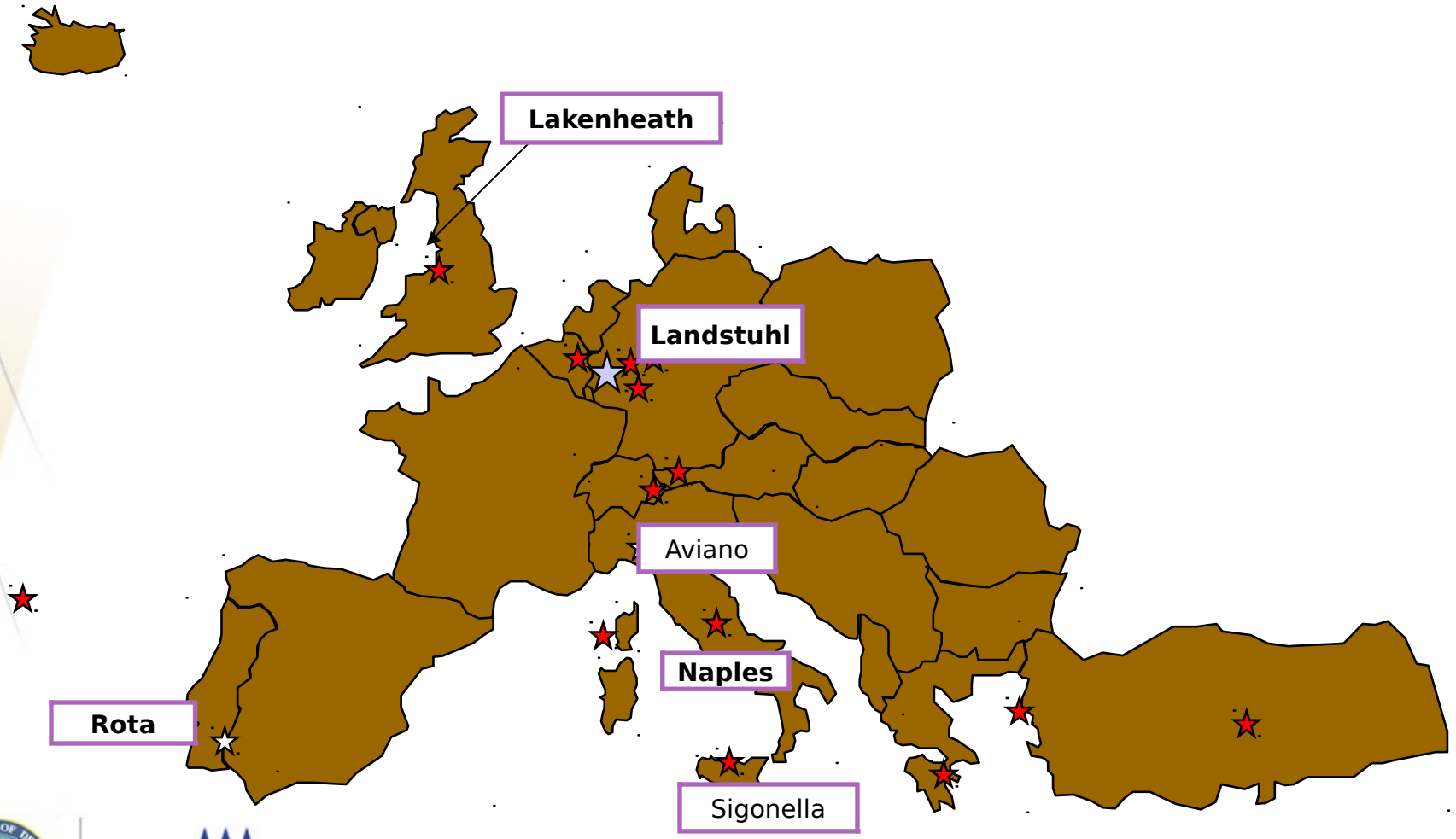
2009

- 37 medical treatment facilities- (17 A, 8 N, 12 AF)
  - 5 Hospitals- 1 A, 3 N, 1 AF



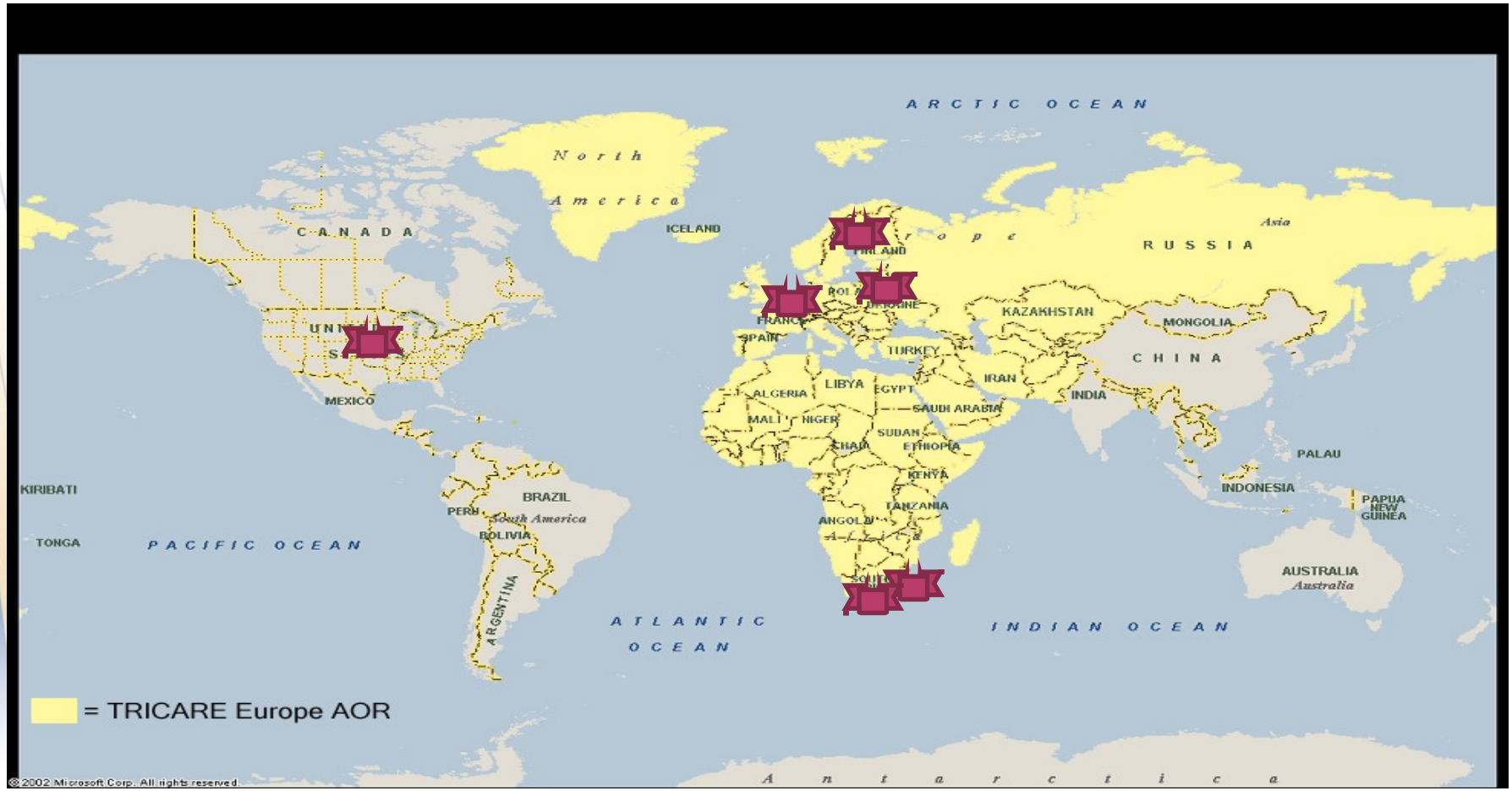
Date: Mar 2009
Internal TRICARE Records

Medical Treatment -Referrals



TRICARE

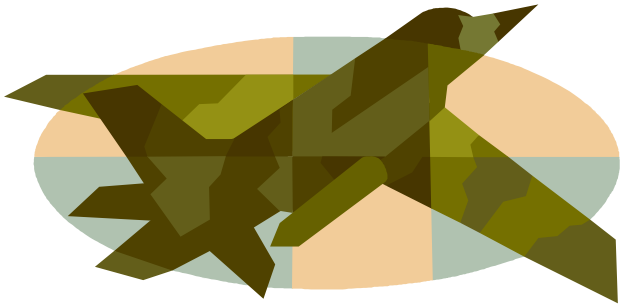
Centers of Medical Excellence (COME)



TRICARE

Coordination













TRICARE

International SOS

- Phone assessment
- Appointments with network providers
- Coordinate specialty appointments
  - With TAO – case manager
  - With patient - calendar
  - Parent service for medical TDY
- Track case

MTF Coordination

- Identify MTF with capability
- Identify MTF with capacity
- Place consult in the system
  - LRMC – CM have capability to do direct consult in CHCS
  - Other MTFs – have to work through AE offices to get consults in system
- Once consult reviewed by the specialty – either cleared for appointment of “defer to network”

MTF Coordination, cont

- Appointment available *then*
- Communicate decision with International SOS
  - Letter of recommendation for medical TDY sent to patient
- Patient must communicate with Service Branch for medical TDY
- Patient usually requested to schedule own appointment

Medical Transportation - Routine

- TPMRC or JPMRC notified
  - Theater Patient Movement Requirement Center
  - Joint Patient Movement Requirement Center
- Transportation for routine care is coordinated and funded by the individual services
  - Usually commercial air
  - Sometimes POV
- Services have the final say of where care will take place
  - TRICARE or ISOS pay for medical care
  - Services pay for medical transportation/per diem

Patient Movement

TGRO POC or Patient

Contact International SOS

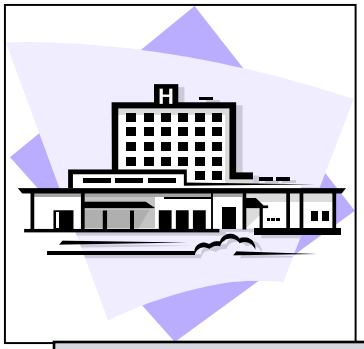
Validate, *Coordinate, Communicate*

TGRO POC

Prepare your patient/transport to airfield



Patient Movement: MILAIR, commercial, commercial air ambulance



Patient arrives at destination facility

NO-GO

- May have everything in place and services say NO to the medical TDY – not to the medical care
  - May prefer patient be seen in MTF
  - Services may want individual to return to U.S. for complete work-up, fitness for duty, convalescence
  - Services may have to coordinate coverage for service member while away from duty station
- Start process all over

Medical Emergency



- International SOS will coordinate urgent and emergent medical transportation for:
  - AD and ADFM TGRO enrolled beneficiaries.
  - AD on TDY/TAD, deployed, leave, liberty, etc. in remote locations
  - ADFM enrolled in Prime – emergency care only any where while traveling (check OHI)
- Transportation may be via ground or air
- All air medical evacuations are routed through TPMRC or JPMRC for available military aircraft availability.
  - Many are transported via International SOS

Monitor and Evaluate

- Appointment outcomes
- Follow-up care
- Case closed



Specialty cases

- Maternity Care
- Children

Maternity Care

- Maternity Travel and Support varies depending on who the sponsor falls under for current assignment.
  - Department of State
  - Department of Defense



Stork Nesting

This program allows a pregnant woman to reside temporarily on or near a military medical facility with obstetric services.

Landstuhl Regional Medical Center
- Low & High Risk Patients
- Specific Info for Stork Nesting Patients

0049-(0)6371-86-7196 DSN: 486-7196

Naples Naval Support Activity (Navy Hospital)
- Low Risk Patients Only (Pastoral Care Oversees Service)

0039-081-811-6326 DSN: 629-6326

Aviano Stork Nesting
- Low Risk Patients only
- Contact TRICARE for CHCS "mini-registration" in the system

0039-0434-305133 or DSN: 632-5133

Children

- Medical vs. educational
- School evaluations
- Occupational therapy
- Speech therapy
- ADHD
- IEP



Summary

Medical Requirements	
Patient request	Medical Evaluation/Treatment



ISOS –TAO E Review	
Care at local site	MTF vs. COME



Service - Medical TDY Funding	
Request MTF vs. COME	Convalescence vs reassignment

Case Management Definition

"Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health needs, using communication and available resources to promote quality, cost-effective outcomes"

Commission for Case Management





Questions

